.92

ENTRY BLANK—PLEASE TYPE OR PRINT

☐ Ms./Artist	HAEL	VEII	Enc Aula
Mr./Artist	2	NELL	(last name last)
Permanent HARC	AURT I	Duar	,
AddressSt	reet	neive,	CLEVE, H
			791-9694
44106	Daytime Tel	area	///-/0/7
Ζιρ		area	
Temporary or Studio Address			
Studio Address	Street		City
	Daytime Tel	. ()	
Zip		area	
If you do not presently live in one of the counties of the Western Reserve, in which county where you born?			
Collaborator (if any)			
✓ Artist will pick up at ☐ Museum should disp ☐ Museum should ship	oose of.	st's expense:	
City	State		Zip
Special Instructions			
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.			
When necessary, included displaying an object.	de instructions o	r a drawing fo	or assembling and
Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.			
The submission of objet artist of all terms and of Signature			cceptance by the
I have received the unsold/unaccepted object(s) in good condition.			
Signature			

Detach entire portion along dotted line and submit with slides, but retain tags